



OFFICE OF THE REGISTRAR

5840 26th St. W., Bldg. 1, Rm. 237, Bradenton, FL 34207 • phone 941-752-5060 • fax 941-727-6380
Registrar@SCF.edu

Student Request to Change Course to Audit

Note: This request to change from credit to audit status must be completed and processed prior to the date published in the academic calendar. Please submit completed form to the Office of the Registrar.

G00 _____

Name: _____
Last First Middle Initial

SCF e-mail address: _____ Phone # () _____

For Term/Year: one: [] Fall [] Spring [] Summer A [] Summer B [] Summer C Year _____

Was Financial Aid, Scholarship(s), Florida Pre-Paid, Bright Futures, Loans, etc. awarded in the term identified above?
YES _____ NO _____

Please note: Financial aid of any kind will not cover a course taken as an audit. Financial aid will be recalculated as if this course does not exist and repayment is required for any financial aid already received for the course in excess of recalculated eligibility.

Identify the course(s) involved in this request:

Table with 6 columns: Specify Change, CRN, Prefix, Number, Section, Credit Hours. Row 1: Audit (A), empty, empty, empty, empty, empty. Row 2: empty, empty, empty, empty, empty, empty. Row 3: empty, empty, empty, empty, empty, empty.

I have reviewed and understand the College's audit policy and deadline as published in the current SCF catalog. I will notify the instructor(s) of my request. I accept responsibility of my semester tuition and fees by the published deadline. I understand that if I fail to pay my tuition and fees by that deadline, my courses may be dropped, my records will be put on hold, my account will be referred to a collection agency, and I may incur other financial consequences.

Student Signature: _____ Date: _____

Assistant Dean must approve if requesting to audit a course with a prior grade of A or B

Assistant Dean Signature: _____ Date: _____

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